

RECEIVED
CENTRAL FAX CENTER

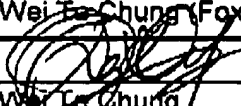
OCT 27 2005


PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (To be used for all correspondence after initial filing)	Application Number	10/643,559
	Filing Date	08/18/2003
	First Named Inventor	Huang, et al.
	Art Unit	3634
	Examiner Name	Jennifer E. Novosad
	Attorney Docket Number	
Total Number of Pages in This Submission		5

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Wei Te Chung (Foxconn International, Inc.)	
Signature		
Printed name	Wei Te Chung	
Date	at 10/27/05	Reg. No. 43,325

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Wei Te Chung	Date 10/27/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

OCT 27 2005

Appl. No. 10/643,559
Amdt. Dated Oct. 27, 2005
Reply to Office Action of Sept. 27, 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Examiner:
HUANG ET AL.)	JENNIFER E. NOVOSAD
)	
Serial No.: 10/643,559)	Group Art Unit:3634
)	
Confirmation No.: 4935)	Dated: Oct. 27, 2005
)	
Filed: 08/18/2003)	
)	
For: SUPPORTING COLUMN AND)	
CASSETTE USING THE SAME)	

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being
facsimile transmitted to: Commissioner for Patents,
P. O. Box 1450 Alexandria, VA 22313-1450, on this
Oct 27 2005 (571) 273-8300

Signed: _____

Honorable Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the outstanding Office Action dated Sept. 27, 2005,
kindly amend the above-identified application as follows and consider the
accompanying remarks.

Amendments to the Claims are reflected in the listing of claims
which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.